City of Tucson APA Permit Request Fax to 520-791-4475

Complete all blanks, write legibly, do not abbreviate.

Date of request:	Company Name:
Authorized by:	Phone No.:
APA Account #:	Project Address:
Activity Number:	(DSD Office Use ONLY)
HEATING AND COOLING UNITS	Roof top work? YES NO (circle one)
Gas Furnace	#BTUHReplaceNew
Heat Pump	#KW #Tons NewReplace (what)
Gas Pack#	#BTUH#TonsNewReplace (what)
Split System/Gas	#BTUH#TonsNew Replace (what)
Split System/Elec	#KW#TonsNew Replace (what)
A/C Replacement	No. UnitsNo. HP Replace (what)
Furnace Replacement	_No. UnitsNo. BTU Replace (what)
Water Softener	_No. UnitsReplaceInstall
Replace Water Heater	No. Units Interior? Y or NW/H Variance?
Reverse Osmosis (only if not co	onnected to faucet)No. Units
Electrical Upgrade From	(amps) To(amps) New Service Y or N
Electric Reconnect	CommercialResidential
Add Circuits	No. Circuits
Replace gas line	No. OutletsNo. Feet
Gas Reconnection	No. OutletsCommercial Residential
Replace yard water line	No. Feet